

Link

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 46

STATE FILE NUMBER

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co Hospital		d. STREET ADDRESS (If outside, give location) 506 Jefferson	
3. NAME OF DECEASED (Type or print) First LULIA Middle CELESTINE Last SHORT		4. DATE OF DEATH Month Feb. Day 26 Year 1963	
5. SEX female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired teacher		10b. KIND OF BUSINESS OR INDUSTRY Public schools	11. BIRTHPLACE (City and state or country) Butler Missouri
13a. FATHER'S NAME Joseph Wayne Short		13b. MOTHER'S MAIDEN NAME Sallie A Wilson	14. NAME OF HUSBAND OR WIFE single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT A Lelia Short, Butler Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration with Intestinal Obstruction DUE TO (b) Generalized Metastatic Ca. of Bill Bladder 1962 DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.) [REDACTED]		20f. CITY, TOWN, OR LOCATION Butler Missouri	
21. I attended the deceased from June 20, 1957 to February 26, 1963 and last saw her alive on February 26, 1963 Death occurred at 10 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas. A. Luck Jr.		22b. ADDRESS Butler Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-28-63	
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) Butler Mo.	
24. FUNERAL DIRECTOR Gulver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 2-27-63	
26. REGISTRAR'S SIGNATURE Norma Frank Wilson			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 16 1963

JUN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John B. Underwood

Licensed Embalmer No. **3585**

P.O. Address **Butler Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.